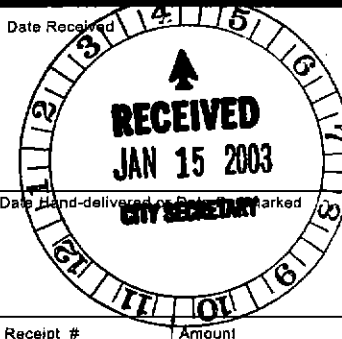


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI City Council Carol M. NICKNAME LAST SUFFIX Galloway		OFFICE USE ONLY  Date Received Date Hand-delivered to Secretary Marked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4810 Lavender Houston, TX 77026		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Ernest B. NICKNAME LAST SUFFIX McGowen, Sr.		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9010 Parkette Houston, TX 77078		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 635-3191		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/02 12/31/02		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special / /		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
City Council District B			
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. -- Name Address / PO Box; Apt. / Suite #: City; State; Zip Code		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 ACCOUNT # (Ethics Commission filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	<p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p>		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<input type="checkbox"/> additional pages			
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 330. ⁰⁰
	4.	TOTAL POLITICAL EXPENDITURES	\$ 8699. ⁷⁰
OUTSTANDING LOAN TOTALS	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

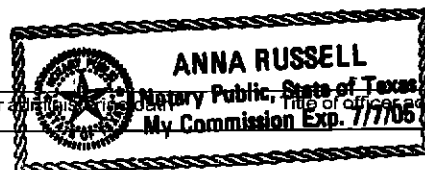
Carol Galloway
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CAROL GALLOWAY, this the 15th day of January, 2003, to certify which, witness my hand and seal of office.

Anna Russell
Signature of officer administering oath

Printed name of officer administering oath: ANNA RUSSELL



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME

Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

7/24/02

U.S. Passport

6 Payee address; City; State; Zip Code

1919 Smith St. Houston, TX
77002190.⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Passport

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

7/24/02

H-BAD

Payee address; City; State; Zip Code

Houston, TX

85.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Ad

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

7/25/02

U.S. Postmaster

Payee address; City; State; Zip Code

Houston, TX

148.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Stamps - mailout

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

8/1/02

NC BC

Payee address; City; State; Zip Code

Houston, TX

200.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Sponsor

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 2

2 FILER NAME

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/12/02

5 Payee name

T S U Atlectic Dept.

6 Payee address; City; State; Zip Code

3100 Cleburne Houston, TX
77004

7 Amount (\$)

150.00

8 Purpose of payment (See instructions regarding type of information required.)

Sponsor

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

7/22/02

Payee name

Houston International Initiatives

Payee address; City; State; Zip Code

901 Bagby St Houston, TX
77002

Amount (\$)

2080.00

Purpose of payment (See instructions regarding type of information required.)

Sponsor

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

7/23/02

Payee name

Cingular Wireless

Payee address; City; State; Zip Code

PO Box 660732 Dallas, TX
75226

Amount (\$)

564.61

Purpose of payment (See instructions regarding type of information required.)

telephone

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

7/24/02

Payee name

Immigration - U.S.

Payee address; City; State; Zip Code

Amount (\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

Visas Sponsor (2)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1 of 3

2 FILER NAME

Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/24/02

5 Payee name

Cingular Wireless

6 Payee address; City; State; Zip Code

PO Box 660732 Dallas, TX
75226

8 Amount (\$)

438. ⁶⁵/₁₀₀

7 Purpose of expenditure (See instructions regarding type of information required.)

Telephone

☒ Reimbursement from political contributions intended

Date

8/27/02

Payee name

Walmart

Payee address; City; State; Zip Code

E. Frwy Houston, TX

Amount (\$)

305. ²⁸/₁₀₀

Purpose of expenditure (See instructions regarding type of information required.)

NFISD - School Supplies

☒ Reimbursement from political contributions intended

Date

9/13/02

Payee name

Acres Home Citizen Council

Payee address; City; State; Zip Code

Amount (\$)

70. ⁰⁰/₁₀₀

Purpose of expenditure (See instructions regarding type of information required.)

Sponsor

☒ Reimbursement from political contributions intended

Date

9/23/02

Payee name

Cingular Wireless

Payee address; City; State; Zip Code

PO Box 660732 Dallas, TX
75226

Amount (\$)

387. ⁸¹/₁₀₀

Purpose of expenditure (See instructions regarding type of information required.)

Telephone

☒ Reimbursement from political contributions intended

Date

9/25/02

Payee name

TLOD

Payee address; City; State; Zip Code

Amount (\$)

150. ⁰⁰/₁₀₀

Purpose of expenditure (See instructions regarding type of information required.)

Ad

☒ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 of 3

2 FILER NAME

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/01/02

5 Payee name

CIS

6 Payee address; City; State; Zip Code

2150 W. 18th Ste 100
Houston, TX 77008

8 Amount (\$)

250.⁰⁰

7 Purpose of expenditure (See instructions regarding type of information required.)

Sponsor

☒ Reimbursement from political contributions intended

Date

10/10/02

Payee name

Houston International Initiatives

Payee address; City; State; Zip Code

901 Bagby
Houston, TX 77002

Amount (\$)

2265.⁰⁰

Purpose of expenditure (See instructions regarding type of information required.)

Sponsor

☒ Reimbursement from political contributions intended

Date

10/24/02

Payee name

Cingular Wireless

Payee address; City; State; Zip Code

PO Box 660732 Dallas, TX
75226

Amount (\$)

359.⁶¹

Purpose of expenditure (See instructions regarding type of information required.)

Telephone

☒ Reimbursement from political contributions intended

Date

10/26/02

Payee name

Progressive Civic League

Payee address; City; State; Zip Code

Houston, TX

Amount (\$)

50.⁰⁰

Purpose of expenditure (See instructions regarding type of information required.)

Sponsor

☐ Reimbursement from political contributions intended

Date

11/23/02

Payee name

Cingular Wireless

Payee address; City; State; Zip Code

PO Box 660732 Dallas, TX
75226

Amount (\$)

328.⁴¹

Purpose of expenditure (See instructions regarding type of information required.)

Telephone

☒ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

3 of 3

2 FILER NAME

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/23/02

5 Payee name

Cingular Wireless

6 Payee address; City; State; Zip Code

PO Box 660732 Dallas, TX 75226

8 Amount (\$)

427.33

7 Purpose of expenditure (See instructions regarding type of information required.)

Telephone

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

